

Appendices

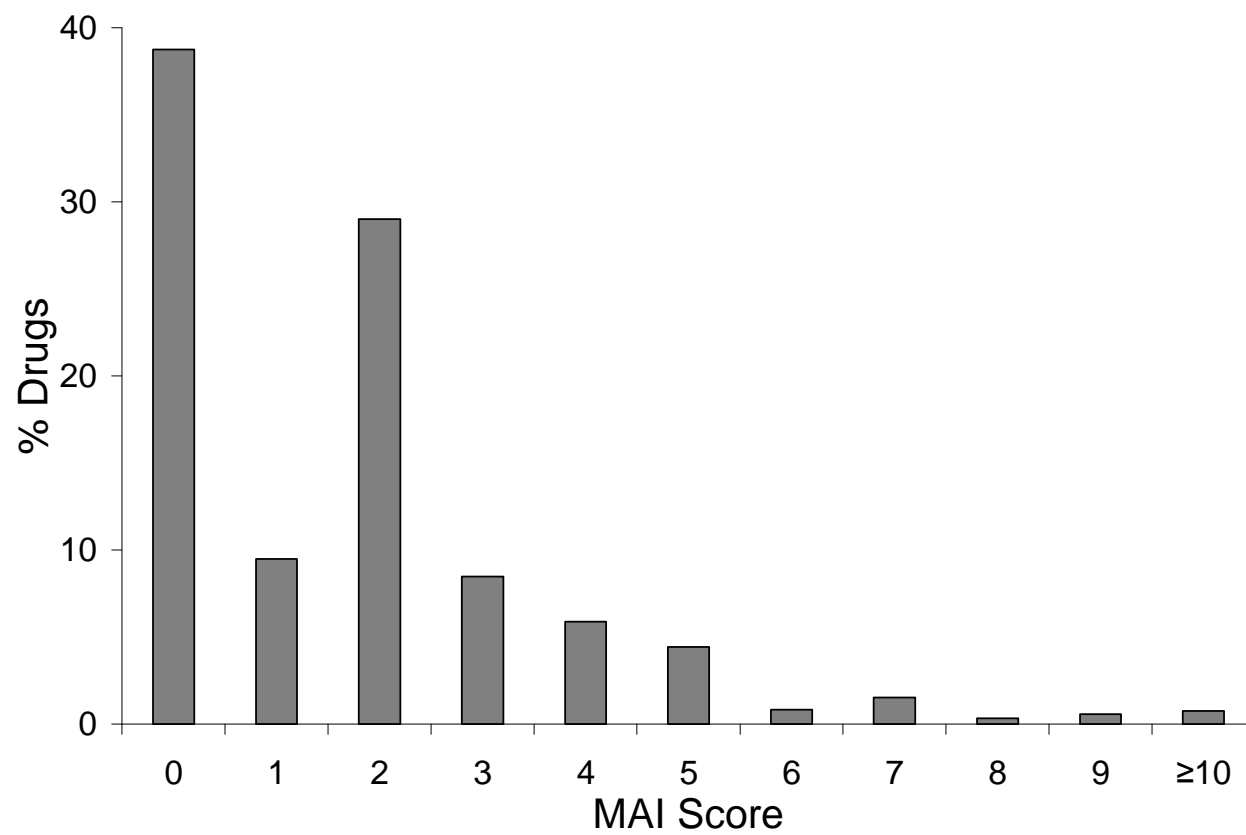
Conflicts and Concordance Between Measures of Medication Prescribing Quality

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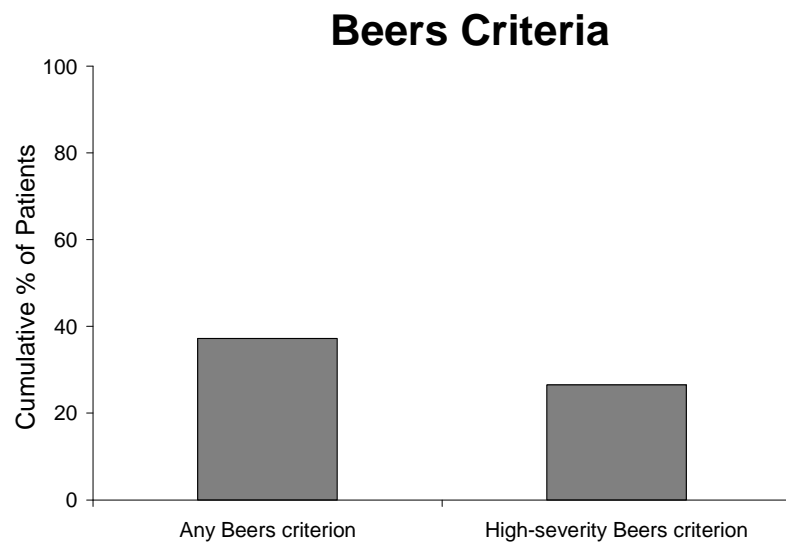
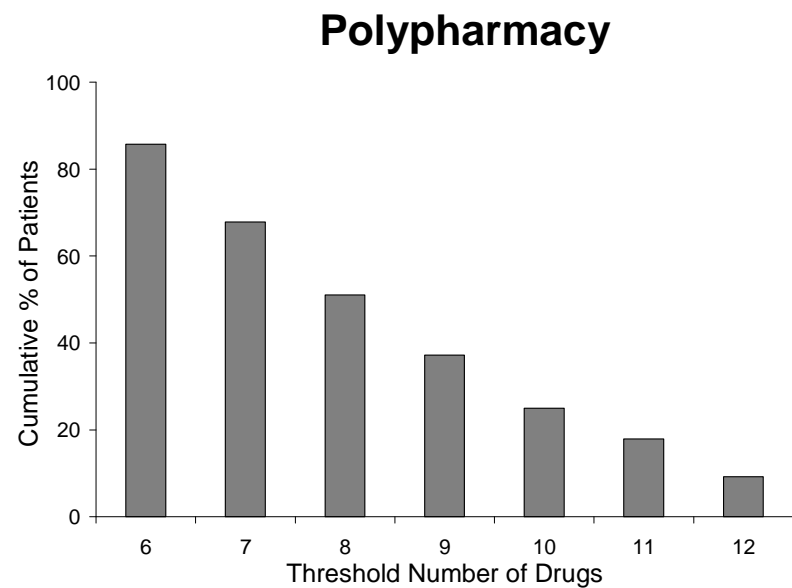
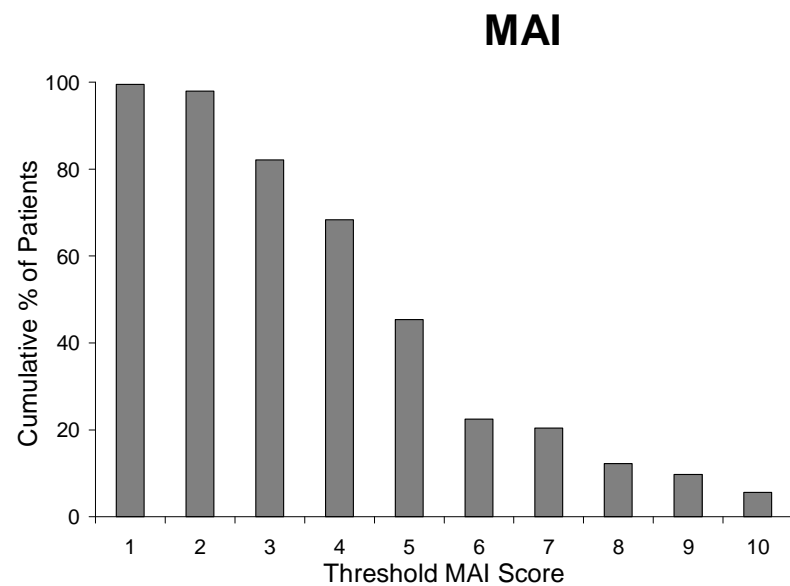
Available at: www.sfhsrd.research.va.gov/steinman

Appendix A: Distribution of Medication Appropriateness Index scores for 1582 drugs in the sample.



Appendix B: Frequency of prescribing problems for each measure, by threshold

For each graph, the horizontal axis displays a range of possible thresholds for defining problem prescribing. Bars show the cumulative percent of patients who met or exceeded the specified threshold. For example, for the MAI 82% of patients were using at least one drug with a score of 3 or higher, 45% were using at least one drug with a score of 5 or higher, and 20% were using at least one drug with a score of 7 or higher.



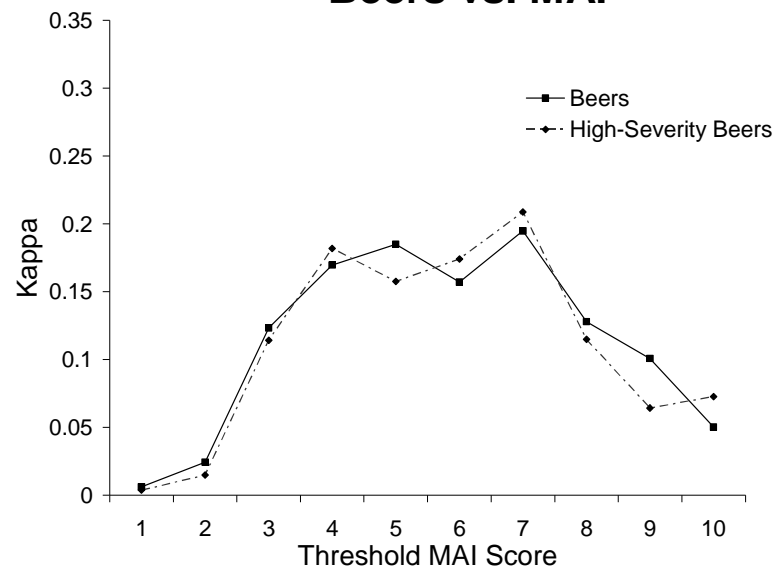
Appendix C: Sensitivity analysis for 2-way concordance of patient-level quality measures

Each panel shows kappa scores for patient-level agreement between measures, across a range of thresholds for each measure above which prescribing may be considered problematic. For each combination of measures, agreement was low regardless of the definition used.

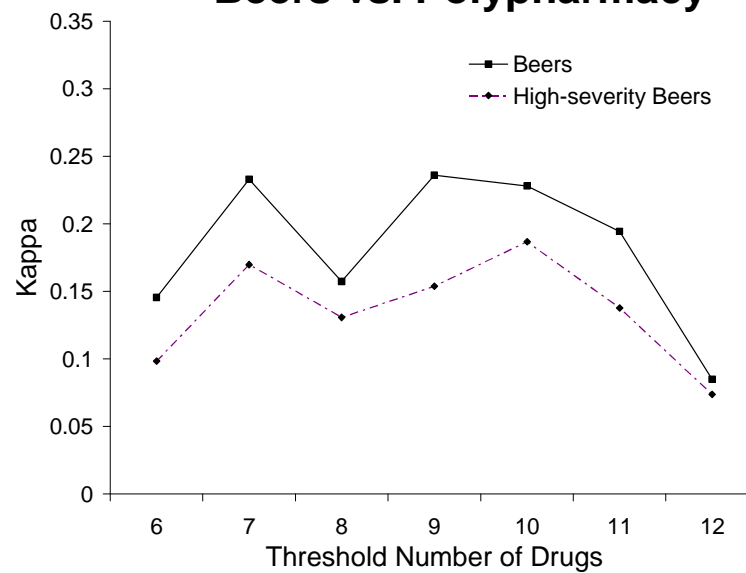
Beers = violation of any of the Beers criteria; High-severity Beers = violation of any of the high-severity Beers criteria.

MAI = Medication Appropriateness Index.

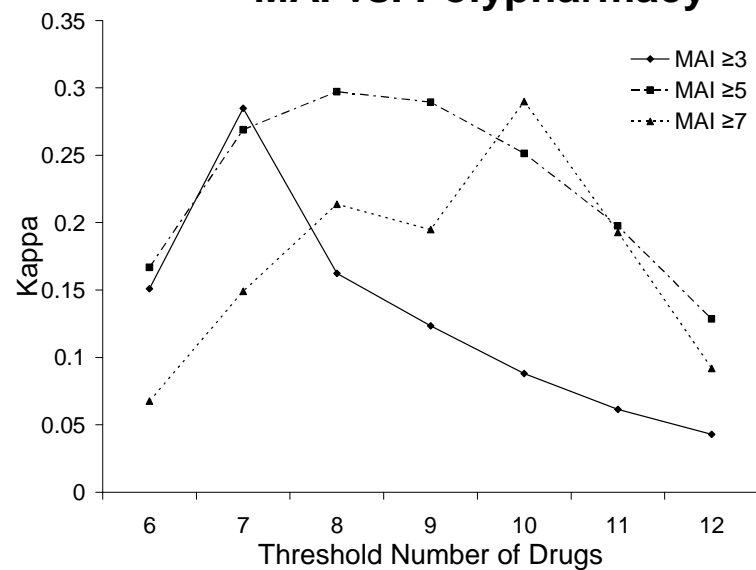
Beers vs. MAI



Beers vs. Polypharmacy



MAI vs. Polypharmacy



Appendix D: Sensitivity analysis for 3-way concordance of patient-level quality measures

The horizontal axis shows different MAI score thresholds above which prescribing may be considered problematic. These are grouped by two different thresholds for the Beers drugs-to-avoid criteria (any Beers criteria violation, or only a high-severity violation). The diagonal axis represents different thresholds for the definition of polypharmacy. The vertical axis shows the kappa statistic for each grouping. Negative values represent an observed agreement worse than would be expected by chance. Maximum agreement (kappa 0.23) was observed with a polypharmacy threshold of 9 drugs, MAI threshold score of 5 or more, and the standard definition of Beers criteria violations.

